



CITY OF CHICAGO
BUSINESS AFFAIRS AND CONSUMER
PROTECTION

2350 West Ogden, 1st floor
Tel: 312.746-4300 Fax: 312.746-9405
www.cityofchicago.org/bacp
BACPPV@cityofchicago.org

VALET PARKING OPERATOR'S LICENSE APPLICATION

Please Print All Information

1. Valet License Number: _____ (for office use only)
2. Valet Company's IRIS Account Number: _____
3. Valet Company Name: _____
4. Valet Business Address: _____
5. City/State/Zip: _____
6. *NOTE: Please include a contact person following each telephone number!*
 - a. Business () - _____
(Contact person)
 - b. Home () - _____
(Contact person)
 - c. Cell () - _____
(Contact person)
 - d. Fax () - _____
(Contact person)
7. State of incorporation: _____ Date of Incorporation: _____ FEIN #: _____
8. Is corporation in good standing in the State of Illinois: YES or NO
9. Registered agent name: _____
Address: _____
10. Total number of employees, parking cars: _____
11. Name and address of business establishment served:

12. Capacity amount of establishment: _____
13. Location of off-street parking: _____
14. Do you serve other business establishments in Chicago? YES or NO

15. Insurance Company Name: _____
Address: _____
Amount of Coverage: _____
Effective Date: _____ Expiration Date: _____
16. If the loading zone to be used for valet parking is on the public right of way, respond to the following:
- a. Has the City designated (by ordinance), a loading zone immediately adjacent to the premises of the business establishment? YES NO
- b. If yes, what is the address and hours designated for the loading zone? _____
- c. If no, and vehicles are loading and unloading on private property attach a drawing showing the location of where the vehicles are being taken custody of in relationship to the locations where the cars will be parked.
17. Were you ever convicted of any violations in this chapter within the current licensing year? YES or NO
18. Please register with the Department of Revenue, parking tax division located at 333 South State, 3rd floor.
19. Signature of owner of business establishment authorizing this valet parking service:

(Authorized Signature)

(Title)

(Date)

20. Signature of Valet Operator:

(Authorized Signature)

(Title)

(Date)

I hereby certify that all statements made as part of this application and any attachments herein, are true to the best of my knowledge and belief.

Signature: _____

Print Name: _____

Title: _____

NOTICE !! NOTICE !! NOTICE !! NOTICE !! NOTICE !! NOTICE !! NOTICE !! NOTICE !! NOTICE !!

1-21-010 False Statements. Any person who knowingly makes a false statement of material fact to the city in violation of any statute, ordinance or regulation, or who knowingly falsifies any statement of material fact made in connection with an application, report, affidavit, oath, or attestation including a statement of material fact made in connection with a bid, proposal, contract or economic disclosure statement or affidavit, is liable to the city for a civil penalty of not less than \$500.00 and not more than \$1,000.00, plus up to three times the amount of damages which the city sustains because of the person's violation of this section . A person who violates this section shall also be liable for the city's litigation and collection costs and attorney's fees.

The penalties imposed by this section shall be in addition to any other penalty provided for in the municipal code.

1-21-020 Aiding and abetting. Any person who aids, abets, incites, compels or coerces the doing of any act prohibited by this chapter shall be liable to the city for the same penalties for the violation.

1-21-030 Enforcement. In addition to any of other means authorized by law, the corporation counsel may enforce this chapter by instituting an action with the department of administrative hearings.



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VALET PARKING SPACE RENTAL AGREEMENT

PLEASE PRINT ALL INFORMATION LEGIBLY

Section 4-232-070 (d) of the Municipal Code, mandates that all applicants must provide proof that the valet parking operator has available legal off-street parking spaces equal in number to 15% of the occupancy content of the business served by the license.

No application will be accepted without proof of compliance. You must provide a valid lease or proof of ownership for the parking space.

Valet Parking Operator Company Name: _____

Name of Business Served (Restaurant/Other): _____

Location Address of Business Served (Restaurant/Other): _____

Capacity of Business Served (Restaurant/Other): _____

Please provide the following information for the company/business that the valet company will be renting/leasing space from:

Name of Business: _____

Address of loading zone: _____

Address of lot or garage: _____

Number of spaces rented: _____

Space rental lease dates: Begin Date: _____ End Date: _____

If the parking lot or garage changes a new agreement must be submitted immediately to the Department of Business Affairs and Consumer Protection.

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CORPORATE OFFICERS, SHAREHOLDERS, MEMBERS & OWNERS FORM

Please Print All Information

COMPANY NAME:_____

LICENSE NUMBER(S):_____

Articles of Incorporation/Organization File#:_____ Date Filed:_____

Name:_____ Birth Date:_____

Address:_____ City/State/Zip:_____

Business Number: (_____)_____ Cell Number: (_____)_____

Email Address:_____

Title(s):_____

Driver's License #:_____ State of Issuance:_____

Social Security #:_____ - _____ - _____

Stock/Ownership Percentage: _____ % Chauffeur License #:_____

Name:_____ Birth Date:_____

Address:_____ City/State/Zip:_____

Business Number: (_____)_____ Cell Number: (_____)_____

Email Address:_____

Title(s):_____

Driver's License #:_____ State of Issuance:_____

Social Security #:_____ - _____ - _____

Stock/Ownership Percentage: _____ % Chauffeur License #:_____